U.S NA NAL STAGE WORKSHEET O/EO)

U.S. APPL NO 10/526018 INTERNATIONAL APPL INTERNATIONAL APPL INTERNATIONAL APPL APPLICATION FILED BY: 20 MOS., OR 30 MOS., SCREENED BY PCT International Division INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE: International application 409 annexes to IPER Article 19 amendments PCT/ISA/210 (Search report) Priority Document(s) No. Search report References Request Form PCT/RO/101 Other Papers filed PCT/IB/302 PCT/IB/304 WIPO PUBLICATION PUBLICATION NO. WODOOD 32 3407 PCT/IB/306 PUBLICATION DATE & MCh Q C PCT/IB/308 PUBLICATION LANG., Em BCT/IB/331 NOT PUBLISHED OTHER PCT/IB/ PCT/IPEA/409 also 416 U.S. only Requested RECEIVED FROM THE APPLICANT: (other than checked above) Preliminary Amendment(s) filed 13 14 and National application basic fee paid second submission Express Processing Requested Information Disclosure Statement Translation of the International Application second submission Used the IB copy of the IA Description Assignment Forward to Assignment Branch Mains 25 Substitute Specification Drawings 7 Small Entity Statement Foreign Language in drawing type Article 19 Amendments Oath/Declaration (date submitted_____ Amendment used in application Not executed Article 34 Amendment **B**xecuted Amendment used in application Power of Attorney Change of Address 1194 transaction done drita Sheet 35 USC Receipt of Request (PTO - 1399 Transmittal Letter) Date: Acceptable oath/declaration received 102(e) Date Date complete 35 USC 371 requirements met DATE NOTICE COMPLETED Notice of Acceptance DO/EO 903 Notice of Missing Requirements DO/EO 905 Notice of A defective oath or declaration DO/EO 917 Notice of defective response BEST AVAILABLE COPY DO/EO 916 Notice of defective translation DO/EO 913 Notification of Abandonment DO/EO 909

REQUEST FOR PATENT FEE REFUND					
1 Date of Request:	2 Seri	Lal/Pa	tent	10/52	6915
Please refund the following fee(s):		4 PA		5 DATE FILED	
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition	·				\$
Issue					\$
Cert of Correction/Terminal	l Disc.				\$
Maintenance					\$
Assignment					\$
Other					\$
			OTAL A	AMOUNT UND	\$
		8 TO	BE P	REFUNDED B	Y:
10 REASON:			T :	reasury Ch	neck
Overpayment			, Cı	redit Depo	osit A/C #:
Duplicate Payment			, <u> </u>	T	
No Fee Due (Explanation):		<u></u>			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:				ITLE: 87/25/2	2003 PKIDWELL 8914211108
SIGNATURE:			DH#	132490 Hame/H HONE:	Humber:13526815 +568.69 CR
OFFICE: ************************************					
APPROVED:		DATE	:: <u> </u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance REST AVAILABLE COPY

Office of Finance Refund Branch Crystal Park One, Room 802B